U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 MANUAL

OMB APPROVAL

OMB NUMBER: 3235-0076 Expires: May 31, 2005

SEC USE ONLY Prefix | Serial DATE RECEIVED



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate character Portage Partners, LP	nge.) 1094656	
	Rule 506	ULOE G
Type of Filing: ☐ New Filing ☐ Amendment		2005
A. BASIC IDENTIFICA	TION DATA	1000
Enter the information requested about the issuer		200
Name of Issuer (check if this is an amendment and name has changed, and indicate changed	e.)	
Portage Partners, LP		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number
		(Including, Área Code)
c/o Portage Management, LLC, 400 Madison Avenue, 11th Floor, New Yo	rk, NY 10017	(212) 655-4457
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number
(if different from Executive Offices)		(Including Area Code)
_		
Same		() Same
Brief Description of Business		
Securities Investment	_	PROCESEED
Type of Business Organization		ADD 0 = 300E
☐ corporation * limited partnership, already formed	other (please specify):	APR 25 2005
☐ business trust ☐ limited partnership, to be formed		Picaca
Month Year		Financial
Actual or Estimated Date of Incorporation or Organization: [0 2] [0 5]	🖾 Actual 🔲 I	Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviat CN for Canada; FN for other foreign		

GENERAL INSTRUCTIONS

FEDERAL:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendment needs only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

STATE:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

Enter	the informati	on requested for the	following:									
•	Each prom	oter of the issuer, if t	the issuer has been organized wit	hin the past five years;								
•	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;											
•	Each execu	tive officer and direc	ctor of corporate issuers and of c	orporate general and managing partne	ers of partnership iss	uers; and						
•	Each gener	al and managing par	tner of partnership issuers.									
Check Box(es) th	at Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☑ Managing Member						
Full Name (Last	name first, if	individual)										
Erik Postenie	ks											
Business or Resi	dence Addres	s (Number and Stre	et, City, State, Zip Code)									
400 Madison	Avenue, 1	1 th Floor, New Y	ork, NY 10017									
Check Box(es) th	at Apply:	☐ Promoter	☐ Beneficial Owner	☐ Managing Member	☐ Director	☑ General and/or Managing Partner						
Full Name (Last	name first, if	individual)										
Portage Mana	gement, Ll	LC										
Business or Resid	dence Address	s (Number and Stre	et, City, State, Zip Code)									
400 Madison	Avenue, 11	l th Floor, New Y	ork, NY 10017		_							
Check Box(es) th	at Apply:	☐ Promotor	☐ Beneficial Owner	☐ Executive Officer of the Managing Member	☐ Director	General and/or Managing Partner						
Full Name (Last:	name first, if	individual)										

☐ Executive Officer

☐ Executive Officer

☐ Executive Officer

of the Managing Member

☐ General and/or

Managing Partner

☐ General and/or Managing Partner

General and/or
Managing Partner

☐ Director

☐ Director

☐ Director

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

☐ Promoter

☐ Beneficial Owner

☐ Beneficial Owner

☐ Beneficial Owner

Check Box(es) that Apply:

Check Box(es) that Apply:

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

					B. II	NFORM	ATION	ABOUT	OFFER	UNG				
1.	Has the	issuer sold	, or does the	e issuer inte	end to sell,	to non-accre	edited inves	tors in this	offering?	•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Yes No
,	•				Answe	r also in Ap	pendix, Co	lumn 2, if f	iling under	ULOE.				
2.	What is	the minim	um investm	ent that wil	l be accepte	ed from any	individual	?		•••••				<u>*\$1,000,000</u>
			•											Yes No
3.	Does the	e offering p	ermit joint	ownership	of a single	unit?				***************************************			••••••	X
* The Ma	anaging M	ember, in i	ts sole discr	retion, may	accept subs	scriptions fo	or amounts	which are le	ess.					
4.	solicitat dealer re persons	ion of purc egistered w of such a b	hasers in co ith the SEC roker or dea	nnection wand/or witellar, you m	rith sales of h a state or	securities in states, list t	n the offeri	ng. If a per the broker	son to be lis or dealer. I	sted is an as f more than	sociated pe	erson or age	nilar remune ant of a brok listed are as	er or
Full Nam	e (Last na	me first, if	individual)											
			21 1	10:	G': 0: .	7: 0.1								
Business	or Resider	nce Addres	s (Number a	and Street,	City, State,	Zip Code)								
Name of	Associated	d Broker or	Dealer											
States in	Milhigh Dog	mon Listad	Has Solicite	ad an Intan	da to Colinia	Dunahaaan								
														_
(Check	[AL]	or check [AK]	individual S [AZ]	States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All States
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
Eull Nom	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	įvrj	[VA]	[WA]	[wvj	[wɪʃ	[wY]	[PR]	
ruii Ivaiii	ic (Last IIa)	me mst, m	individuai)											
Business	or Resider	nce Address	s (Number a	and Street,	City, State,	Zip Code)								<u> </u>
Name of	Associated	d Broker or	Dealer											
States in	Which Per	son Listed	Has Solicite	ed or Inten	ds to Solicit	Purchasers			. v. g. v					
(Check	"All States	" or check	individual S	States)										
(Ciloux	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID]	Z An States
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[MO] [PA]	
Full Nam	[RI] e (Last nai	[SC] me first, if	[SD] individual)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check	"All States [AL]	or check [AK]	individual S [AZ]	States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	🗖 All States
	[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[OK] [MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]	

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box \square and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ <u>1,000,000,000</u>	\$_3,300,000
	Limited Liability Company Interests*	\$	\$
	Total*	\$1,000,000,000	\$ 3,300,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "to a "compare".		
	is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$ <u>3,300,0000</u>
	Non-accredited Investors		\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T	Della de la
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	•	e Solu
	Regulation A		\$ \$
	Rule 504		Ф
	Total		Ф
	10(4)		J
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$ 50,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Miscellaneous (Blue Sky fees, courier, duplicating)		\$
	Total		\$ 50,000
*Thic i	s a continuous offering. Consequently, the aggregate offering price could be greater or lesser t		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	11 1			
		OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
	b. Enter the difference between the aggregate of Question 1 and total expenses furnished in response the "adjusted gross proceeds to the issuer."	onse to Part C - Question 4.a. This difference		*\$999,950,000
5.	Indicate below the amount of the adjusted gross be used for each of the purposes shown. If the an estimate and check the box to the left of the amust equal the adjusted gross proceeds to the is 4.b above.	amount for any purpose is not known, furnish estimate. The total of the payments listed		-
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		□ \$	□ \$
	Purchase of real estate		□ \$	□ \$
	Purchase, rental or leasing and installation of m	achinery and equipment	□ \$	□ \$
	Construction or leasing of plant buildings and fa	acilities	□ \$	□ \$
	Acquisition of other businesses (including the v that may be used in exchange for the assets or somerger)	ecurities of another issuer pursuant to a	□\$	□ \$
	Repayment of indebtedness		□\$	□ \$
	Working capital		□ \$	□\$
	Other (specify):		□\$	*\(\S\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Column Totals		□\$	*🗆\$ <u>999,950,000</u>
	Total Payments Listed (column totals added)		*🗵 💲	999,950,000
	. I	D. FEDERAL SIGNATURE		
followi	uer has duly caused this notice to be signed by ng signature constitutes an undertaking by the issaff, the information furnished by the issuer to any	uer to furnish to the U.S. Securities and Exchar	nge Commission,	upon written reques
ssuer (P	int or Type)	Signature	Date	/ / /
	Partners, LP	Jak Poline	4,	115/05
Name of	Signer (Print or Type)	Title of Signer (Print or Type)		
Erik Po	stnieks	Managing Member of the general partner, Porta	age Management	, LLC
	SHIPMS	ivianaging iviember of the general partner, Porta	age Management	, LLC

*See asterisked comment on p. 4

ATTENTION
Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)